

U.S. Department of Justice  
United States Marshals Service

Case 1:04-cr-00038

Document 184

PROCESS RECEIPT AND RETURN

For Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

US VS ERIC HOHN TUDELA MAFNAS ET. A.,

MAR 10 2006

COURT CASE NUMBER

CR-04-00038

DEFENDANT

ERIC JOHN TUDELA MAFNAS USMS#00483-005 The Northern Mariana Islands

TYPE OF PROCESS

CO-DEATH BED SERVICE

SERVE



AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN (Deputy Clerk)

TRANSPORT SENTENCED PRISONER TO COMMONWEALTH COMMUNITY HEALTH CENTER

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

COMMONWEALTH COMMUNITY HEALTH CENTER, GARAPAN SAIPAN MP 96950

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

XX

HOWARD G. TRAPP ATTORNEY AT LAW

200 SAYLOR BLD.

139 CHALAN SANTO PAPA

HAGATNA, GM 96910

FOR: MARIAN DELBON GUERRERO TUELA (MOTHER)

Number of process to be served with this Form - 285

01

Number of parties to be served in this case

01

Check for service on U.S.A.

N/A

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

PRISONER WILL ~~XXXXX~~ ESCORTED BY THE USMS DEPUTY AT A TIME TO BE DETERMINED AND UNDISCLOSED TO PRIVATE PARTIES ON 03-06-05 TO THE CHC ROOM WHERE THE PATIENT, ANA DLG. TUDELA (DOB 03/01/1922) RESIDES (LAST KNOWN CHC RM D-04).

PRISONER WILL BE TRANSPORTED IN ACCORDANCE WITH USMS POLICY WHICH MAY INCLUDE BUT NOT LIMITED TO A MINIMUM OF TWO ~~XX~~ DEPUTIES, FULL RESTRAINTS, PRISON UNIFORM, AND NO CONTACT WITH FAMILY OR THE PUBLIC WITH THE EXCEPTION OF THE PATIENT.

Signature of Attorney or other Originator requesting service on behalf of:

MARIAN DLG TUDELA DL#0106-97

☐ PLAINTIFF  
☒ DEFENDANT

TELEPHONE NUMBER

670-483-4739

DATE

03-06-06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin | District to Serve | Signature of Authorized USMS Deputy or Clerk | Date     |
|--|---------------|--------------------|-------------------|--|----------|
|  | 01            | No. 005            | No. 005           | W. M. CALVERT CI-DUSM #3086 D/NMI            | 03-06-06 |

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

ANA DLG. TUDELA

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

CHC HOSPITAL RM # D-04

Date of Service

03-06-06

Time

2000 pm

Signature of U.S. Marshal or Deputy

W. C. CALVERT CIDUSM #3086

Service Fee

\$180.00

Total Mileage Charges (including endeavors)

\$5.00

Forwarding Fee

\$185.00

Total Charges

Advance Deposits

CK#3204789 \$185.00

Amount owed to U.S. Marshal or

185.00

Amount of Refund

REMARKS:

\$45.00 PER DUSM/PER HOUR @ A MIN OF 2DUSM FOR 2HR EACH TO COVER IN/OUT PROCESS FROM THE DEPT OF CORRECTIONS, THE TRANSPORT TO/FROM CHC, AND VISITATION. THE VISIT OR TRANSPORT MAY BE TERMINATED AT ANY TIME IF THE DUSMS DETERMINE A THREAT OF SAFETY OR ESCAPE IS APPARENT. THIS IS CONSIDERED A HIGH THREAT MOVE AND VISIT DUE ~~THE~~ TO THE TYPE OF CASE AND SKILLS POSSESSED BY THE PRISONER. AUTHORITY FOR THE VISIT GRANTED BY USMS PROCEEDURE AND JUDICIAL ORDER DURING THE DEFENDANTS SENTENCING.

PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

**h Bank of Hawaii**

CASHIER'S CHECK

101-501/1214  
3204789

**CUSTOMER'S RECEIPT AND AGREEMENT**

ISSUED BY Garapan

March 06, 2006

PAY TO THE ORDER OF US MARSHALL SERVICE\*\*\*\*\*

\$185.00

**NOTICE TO CUSTOMERS**

You usually cannot stop payment of the attached check after you send it to the payee. If it is lost, stolen or destroyed, notify Bank of Hawaii immediately. You may be required to buy an indemnity or surety bond before a replacement or refund is issued.

See reverse for agreement regarding this cashier's check.

**NOT NEGOTIABLE**

Fee \$8.00

THIS MULTITONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT.

**h Bank of Hawaii**

101-501/1214  
3204789

**CASHIER'S CHECK**

ISSUED BY Garapan

March 06, 2006

PAY TO THE ORDER OF

US MARSHALL SERVICE\*\*\*\*\*

\$185.00

VOID AFTER 90 DAYS